

This Fact Sheet describes which employees are **eligible to participate** in the Employee Benefit Programs, and when they must be enrolled. This information is important to note because employees (and any eligible dependents) could risk being declined coverage by the Insurer if their applications are not received within **31 days** of becoming eligible to: 1) participate; or 2) change their coverage.

WHO IS ELIGIBLE TO PARTICIPATE?

A. Eligibility criteria for all employee benefit programs, other than Long Term Disability Coverage (LTD):

- Regular full-time, part-time, or term employees who work a minimum of 33 1/3% of full-time employment on a regularly scheduled basis.
- Employees who occupy a seasonal position and who work a minimum of 33 1/3% of full-time employment on a regularly scheduled basis.
- Employees who work a minimum of 33 1/3% of full-time employment on a regularly scheduled basis will be eligible for participation the first of the month following completion of six continuous months of employment, if they are replacing a regular employee, covering off a vacancy, or any other temporary staff.
- Persons hired on a Personal Services Contract and who work a minimum of 33 1/3% of full-time employment on a regularly scheduled basis will be eligible to participate as outlined in their contract.
- Employees who have been terminated and subsequently re-hired within 6 months of termination are eligible for the reinstatement of their coverage immediately upon return to work (subject to Collective Agreement provisions, where applicable).
- For health/travel and dental coverage only, all eligible employees and eligible dependents must be resident(s) of Canada, and be covered for benefits under the government health insurance in the province of residence (e.g., Medicare).

B. Long Term Disability Coverage

- Mandatory for full-time permanent employees of participating employee groups.
- Mandatory for permanent part-time employees of participating employee groups, provided they work a minimum of 40% of full-time employment on a regularly scheduled basis. Should the required hours of work be reduced, continuation of coverage will be allowed, provided the minimum does not fall below 33 1/3% of full-time employment.
- Employees must be Canadian or U.S. residents, or be temporarily assigned outside their country of residence; and their Government Pension Plan and Government Health Insurance must be in force.
- Seasonal, Personal Service Contract, Temporary, Term or Casual employees are not eligible to participate in the LTD plan.

All eligible employees must be enrolled in the following mandatory benefits, and given the option to enrol in the following optional benefits:

MANDATORY BENEFIT

Basic Life with Basic Accidental Death & Dismemberment (AD&D)*
LTD (limited to participating groups only)*

OPTIONAL BENEFITS

Optional Life with Optional AD&D*
Voluntary AD&D**
Dependent Life**
Health & Travel**
Dental**

* Coverage available to employees only

** Coverage available to employees and dependent(s)

WHO QUALIFIES AS A DEPENDENT?

Dependents are defined as an employee's *Spouse* and *Dependent Children*.

Dependent	Benefit Plans	Requirements for Eligibility
Spouse	Dependent Life Voluntary AD&D Health and Travel Dental	One Spouse to whom employee is legally married or common-law with at least 1 year cohabitation (includes same-sex partners). A divorced spouse is not eligible for coverage. When the employee has more than one <i>Spouse</i> , as defined above, (s)he may choose which Spouse will be covered.
Children	Dependent Life Voluntary AD&D Health and Travel Dental	<i>Dependent children</i> are eligible for coverage if they are: <ul style="list-style-type: none"> • Under age 21; and • a natural, adopted or step child of the employee; and • reliant on the employee for financial care and support; and • not married or in a common-law relationship.
	Dependent Life Voluntary AD&D Health and Travel Dental	<i>Dependent children</i> are eligible for coverage: <ul style="list-style-type: none"> • from 28 weeks of conception. • from live birth.
Students	Dependent Life Voluntary AD&D Health and Travel Dental	Coverage for <i>dependent children</i> can continue beyond age 21: <ul style="list-style-type: none"> • to 26th birthday, if a full-time student at an accredited educational institution.
Over-Age Dependents	Dependent Life Voluntary AD&D Health and Travel Dental	Coverage for <i>dependent children</i> can <u>continue</u> beyond age 21 if: <ul style="list-style-type: none"> • mental or physical disability was diagnosed prior to age 21 or age 26 if a full-time student at date of diagnosis.

WHEN SHOULD AN EMPLOYEE ENROL IN THE PROGRAM OR MAKE CHANGES TO HIS/HER COVERAGE?

Basic Life including Basic AD&D and the LTD benefits are mandatory and the employer **MUST** enrol the employee immediately upon becoming eligible.

Enrolments, additions or changes to the Voluntary AD&D plan can occur at any time through the year.

Enrolments or changes to Optional Life, Dependent Life and Health and/or Dental benefits **MUST** occur **within 31 days** of becoming eligible to participate or from the date of a qualifying life-changing event, as outlined on the cover page of the Enrolment/Change form.

Employees (and any eligible dependents) who do not enrol or make changes within the eligibility periods outlined above will be treated as a late applicant and are at risk of being declined coverage by the Insurer. See the Eligibility Series Group Insurance Benefit Fact Sheet - **Late Applicant** for further details.

Any enrolments or changes to an employee's coverage will take effect on the first day of eligibility, *provided the employee is actively at work*. If an employee is not actively at work, enrolments or changes must be submitted within 31 days of the employee's return to work (actively at work).

There are provisions that allow employees:

- on an approved maternity/paternity or adoption leave who continued coverage during their leave to change their coverage (i.e. employee-only to employee and dependent(s)) within 31 days following the life changing event;
- who involuntarily lost coverage to add similar coverage within 31 days following the loss of coverage.

For more information, contact Vestcor's Member Services team at (506) 453-2296 or toll free 1-800-561-4012.